

Alabama Medicaid Agency Pharmacy and Therapeutics Committee Preferred Drug List Final

<u>DRUG CLASS</u>	INTRANASAL		CORTICOSTEROID AGENTS
	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
INTRANASAL CORTICOSTEROIDS	All covered products	FLONASE NASAREL NASONEX TRI-NASAL	BECONASE AQ NASACORT NASACORT AQ RHINOCORT AQUA

FINAL

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths

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RESPIRATORY AGENTS

DRUG CLASS

**SMOOTH MUSCLE
RELAXANTS
SINGLE ENTITY**

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

None

NON-PREFERRED BRAND

ELIXOPHYLLIN*
LUFYLLIN
QUIBRON-T/SR*
THEO-24
THEOLAIR*
UNIPHYL

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DRUG CLASS

**SMOOTH MUSCLE
RELAXANTS
COMBINATION**

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

None

NON-PREFERRED BRAND

DILEX-G
ED-BRON G
LUFYLLIN-GG
PANFIL G

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DRUG CLASS**SYMPATHOMIMETIC
AGENTS SINGLE
ENTITY****PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**ALUPENT*
BRETHINE*
PROVENTIL HFA
PROVENTIL*
SEREVENT
VENTOLIN HFA
VENTOLIN***NON-PREFERRED
BRAND**ACCUNEB
FORADIL
ISUPREL
MAXAIR AUTOHALER
VOLMAX
VOSPIRE ER
XOPENEX

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DRUG CLASS**SYMPATHOMIMETIC
COMBINATION
PRODUCTS****PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

ADVAIR DISKUS

**NON-PREFERRED
BRAND**COMBIVENT
DUONEB

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DRUG CLASS

**INHALED
CORTICOSTEROID
AGENTS**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

AEROBID
AEROBID-M
AZMACORT
FLOVENT

**NON-PREFERRED
BRAND**

PULMICORT
QVAR

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DRUG CLASS

**LEUKOTRIENE
MODIFIERS**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

ACCOLATE
SINGULAIR
ZYFLO

**NON-PREFERRED
BRAND**

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DRUG CLASS

**INHALED
ANTIMUSCARNIC
ANTISPASMOTIC
AGENTS**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

ATROVENT*

**NON-PREFERRED
BRAND**

None

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DRUG CLASS

**MAST CELL
STABILIZER**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

TILADE

**NON-PREFERRED
BRAND**

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CARDIAC AGENTS

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
ANTIARRHYTHMICS	All covered products	MEXITIL* NORPACE CR* NORPACE* PRONESTYL* PRONESTYL-SR* QUINIDEX*	CORDARONE* ETHMOZINE PROCANBID* RYTHMOL* TAMBOCOR* TIKOSYN TONOCARD*

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DRUG CLASS

**CARDIOTONIC
AGENTS**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

LANOXICAPS

**NON-PREFERRED
BRAND**

LANOXIN*



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DRUG CLASS

**NITRATES and
NITRITES**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

ISORDIL*
NITRO-BID
NITROSTAT*

**NON-PREFERRED
BRAND**

DILATRATE-SR
IMDUR*
ISMO*
ISOCHRON*
MONOKET*
NITRO-DUR*
NITROGLYN*
NITROGUARD
NITROL
NITROLINGUAL
TRANSDERM NITRO*
TRIDIL

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ESTROGEN AGENTS

DRUG CLASS

**ESTROGENS
SINGLE ENTITY**

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

CENESTIN
MENEST
PREMARIN

NON-PREFERRED BRAND

ALORA
CLIMARA*
DELESTROGEN
DEPO-ESTRADIOL
ESCLIM*
ESTRACE CREAM
ESTRACE*
ESTRADERM*
ESTRING
FEMRING
OGEN CREAM
OGEN*
ORTHO-EST*
PREMARIN CREAM
VAGIFEM
VIVELLE*
VIVELLE-DOT*

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DRUG CLASS

**ESTROGENS
COMBINATION**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

COMBIPATCH

**NON-PREFERRED
BRAND**

ACTIVELLA
CLIMARA PRO**
FEMHRT
ORTHO-PREFEST
PREFEST
PREMPHASE
PREMPRO



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** Will be reviewed
when eligible for PDL
inclusion

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TRIPTAN AGENTS

DRUG CLASS

TRIPTANS

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

AMERGE
IMITREX
MAXALT

NON-PREFERRED BRAND

AXERT
FROVA
MAXALT MLT
RELPAX
ZOMIG
ZOMIG ZMT

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